
PROCESSING MEDICAID RECERTIFICATIONS

Note: this worksheet is to be completed and stored in the case record for every case for which an SSR sends: (1) a request for additional info. and/or (2) a denial of continued Medicaid coverage.

STEP 1: Registering All Signed Recerts

Has this customer signed the recert form?

- ☐ Yes
- ☐ No

If "YES," register the recert in ACEDS and proceed to Step 2. If "NO," do not register the recert. Instead, file the unsigned recert in the case record; then, document this and sign the case notes. Stop here.

STEP 2: Denials

Check if any of the following apply:

- ☐ Customer has moved outside of the District.
- ☐ Customer's only minor child turned 21.
- ☐ Customer's only remaining minor child turned 19 and their income is over the MNIL.
- ☐ Customer's only child moved out.

*If you checked any of the above, **STOP** here, process the case and send AR/AX denial notice. Also, send SR or MC approval notice if applicable. Otherwise, please proceed to Step 3.*

STEP 3: Sufficient Info. to Process

Check if any of the following apply:

- ☐ Customer recertified for Food Stamps within the last 3 mos. (and reports no change).
- ☐ Customer submitted 2 or more pay stubs for the last 60 days.
- ☐ Customer submitted a benefits statement that is dated within the last 12 mos. (if statement reflects most recent COLA).
- ☐ Customer stated that s/he receives only SS DI, SS RE, or SS SU income (see BENDEX).

*If you checked any of these boxes, you probably have enough info.; **STOP** here, process the case, and issue either an approval or denial notice. Otherwise, please proceed to Step 4.*

STEP 4: AR/AX Customers Only

For SR customers: proceed to Step 5.

For AR/AX customers: check if the following apply:

- ☐ AR/AX customer reported income in excess of the AR/AX standard; and
- ☐ Customer has been enrolled in the AR/AX program (but not Transitional Medical Assistance) for at least 3 of the last 6 mos.

*If you checked **both** of the above, you have enough info. to process the Transitional MA (TMA); **STOP** here and process the case. Send an approval for the appropriate TMA period (six mos. for earnings, four mos. for child support). Otherwise, please proceed to Step 6.*

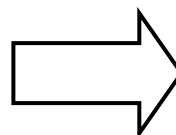
STEP 5: SR Customers Only

For AR/AX customers: proceed to Step 6.

For SR customers: check if any of the following apply:

- ☐ SR customer provided a checking or bank account statement dated within the last three mos.
- ☐ SR customer provided any other proof of resources that is consistent with the info. on the recert form.
- ☐ SR customer is now receiving SSI and should not be subject to recertification.

*If you checked any of the above, then you probably have enough info.; **STOP** here, process the case and issue either an approval or denial notice. Of course, this assumes that you have UPDATED MEDICAL INFORMATION if it is needed. Otherwise, please proceed to Step 6.*



STEP 6: Request for Additional Info.

Note: if this is a 90-day recert resulting from missing verifications in the last eligibility period, then proceed to Step 7. Otherwise:

Check areas for which the customer may not have provided sufficient info.:

- ☐ Earnings
- ☐ Unearned income
- ☐ Resources (SR-customers only)
- ☐ New Medical Form (Blind/Disabled only)
- ☐ Verifications for other reported changes
- ☐ Other (specify): _____

If you checked any of the above, speak with your supervisor before requesting additional info. With your supervisor's approval (noted with their signature below), you should:

- (1) contact the customer by telephone to request the missing info.; **and***
- (2) issue a General Communication requesting the specific verifications above; **and***
- (3) approve eligibility with a 3 month cert period.*

Supervisor's Authorization:

- ☐ Yes, issue the notice and approve eligibility with 3-month cert period. Make sure that the recert is registered.

Signature

Date: _____

For SSR:

Customer's telephone:

Date of telephone contact:

Date General Communication sent:

STEP 7: Terminations

You may initiate a termination if:

- ☐ The customer did not respond to the prior General Communication requesting additional info.;
- ☐ AR/AX-customer has exhausted Transitional MA period (6 mos. for earnings, 4 mos. for child support) and continues to report earnings above the scale;
- ☐ SR-customer is over-income; or
- ☐ SR-customer is over-resourced.

If you checked any of the above, speak with your supervisor about initiating a termination. If your supervisor agrees that the customer's Medicaid should be terminated (denoted by their signature below), then please ensure that:

- (1) you send a notice before terminating benefits in ACEDS; and*
- (2) you terminate benefits at the end of the certification period (or thereafter in order to comply with adequate and timely notice requirements).**

Supervisor's Authorization:

- ☐ Yes, issue a denial notice to the customer and then terminate eligibility in ACEDS.

Signature

Date: _____

* Note: you may terminate benefits prior to the end of the certification period in the event that the customer dies, moves outside of the District, or loses contact with IMA (i.e., mail is returned).